

229517

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class E Household Goods
Certificate from
Excel Moving and Storage of Charleston, Inc.
7143 Bryhawke Circle
North Charleston, SC 29418

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2011 - 183 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Jeff Hatley

Telephone: 843-654-7770

Address: 7143 Bryhawke Circle

Fax: 843-654-7790

N Charleston, SC 29418

Other:

Email: jvhatley@excelms.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☒ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: _____

RECEIVED
MAY 03 2011
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

gms

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 4/25/2011

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to request reinstatement or amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties) _____

Amended Scope:
(list counties) _____

- ☐ Reinstatement of Authority

My Certificate of Public Convenience and Necessity Number is _____. My certificate was revoked/
cancelled on _____ because _____.

I am seeking reinstatement because _____

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Excel Moving and Storage of Charleston, Inc.

7143 Bryhawke Circle
Street Address of Applicant

Mailing Address of Applicant if different from street address

843-654-7770
Phone

843-654-7790
FAX

jvhatley@excelms.com
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

Jody Hatley - 7143 Bryhawke Circle/ N Charleston, SC 29418

Jim Dorsett - 7143 Bryhawke Circle/ N Charleston, SC 29418

4. Applicant proposes to operate service as follows: (Check one.)

- ☒ Intrastate Only ☐ Interstate Only ☐ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month March Year 2011

Assets:

Cash	\$538,538
Receivables	\$694,010
Real Estate	0
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	\$737,497
Garage Equipment (Net)	Inc. in Vehicles
Machinery and Tools (Net)	Inc. in Vehicles
Supplies on Hand	0
Prepays and Other Assets	\$317,372
Total Assets	\$2,287,417
<u>Liabilities and Equity:</u>	
Accounts Payable	\$237,394
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	\$521,031
Accrued Salaries and Wages	\$7,176
Other Accrued Obligations	\$4,794
Other Liabilities	\$78,095
Total Liabilities	\$848,490
Capital Stock	\$30,000
Retained Earnings	\$1,408,927
Total Equity	\$1,438,927
Total Liabilities and Equity	\$2,287,417

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges for Service are as follows:

SC Tariff Bureau

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Areas to be Served: (List each county in which you plan to operate)

Statewide

DESCRIPTION OF EQUIPMENT

[illegible]

* Number of seats if passenger carrier or tonnage if freight carrier.

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Excel Moving and Storage of Charleston, Inc.

Name of Motor Carrier

7143 Bryhawke Circle - N. Charleston, SC 29418

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 1,927.00

Cargo Insurance \$ 3,460.00

Limits Quoted: (See Below)

Limits 1,000,000

Limits 100,000

* Attach Certificate of Insurance if available.

Transguard Insurance Company of America, Inc.

Name of Insurance Company

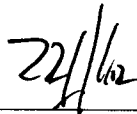
215 Shuman Boulevard; Suite 400 Naperville, IL 60563

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

April 22, 2011

Date



Authorized Insurance Company Representative's Signature

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of **minimum limits for Household Goods** carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit FWA

Excel Moving and Storage of Charleston, Inc
Name

2134186
U.S.D.O.T No.

MC# 743213
ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☐ No ☒ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

SWORN TO BEFORE ME
This 2nd day of May, 20 11

Notary Public
Notary Public

Commission Expires My Commission Expires December 8, 2010

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Charleston


Applicant's Signature

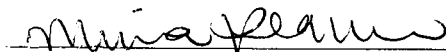
I, Jeff Hatley, VP of Sales
Name of Applicant's Representative Title

of Excel Moving and Storage of Charleston, Inc,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Signature of Applicant's Representative

SWORN TO BEFORE ME
This 2nd day of May, 20 11


Notary Public

Commission Expires My Comm. Exp. Expires December 3, 2019

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Excel Moving and Storage of Charleston, Inc

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

I, Jeff Hatley, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME
This 2nd day of May, 20 11

Jeff Hatley
Applicant's Signature

Maria Kean
Notary Public

Commission Expires My Commission Expires December 3, 2019

Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

EXCEL MOVING & STORAGE OF CHARLESTON, INC.,
a corporation duly organized under the laws of the State of South Carolina on
March 1st, 2011, and having a perpetual duration unless otherwise indicated
below, has as of the date hereof filed all reports due this office, paid all fees,
taxes and penalties owed to the Secretary of State, that the Secretary of State
has not mailed notice to the Corporation that it is subject to being dissolved by
administrative action pursuant to section 33-14-210 of the South Carolina Code,
and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
1st day of March, 2011.


Mark Hammond, Secretary of State

MAR 0 1 2011

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF INCORPORATION

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

1. The name of the proposed corporation is Excel Moving & Storage of Charleston, Inc.
2. The initial registered office of the corporation is 4605-B Oleander Drive, Suite 202
Street Address

Myrtle Beach, Horry County, South Carolina, 29577-5739
City County State Zip Code

and the initial registered agent at such address is Robert S. Guyton
Print Name

I hereby consent to the appointment as registered agent of the corporation:

[Signature]
Agent's Signature

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:

a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 100.

b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares	Authorized No. of Each Class
_____	_____
_____	_____
_____	_____

The relative right, preference, and limitations of the shares of each class, and of each series within a class, are as follows:

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) _____

110301-0152 FILED: 03/01/2011
EXCEL MOVING & STORAGE OF CHARLESTON, INC.
Filing Fee: \$135.00 ORIG



Mark Hammond

South Carolina Secretary of State

5. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).

6. The name, address, and signature of each incorporator is as follows (only one incorporator is required):

a. James R. Vann
Name
1720 Hillsborough St., Suite 200, Raleigh N.C. 27605
Address
Signature

b.
Name
Address
Signature

c.
Name
Address
Signature

7. I, Robert S. Guyton, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

Date 2/28/11

Signature

Robert S. Guyton
Type or Print Name

4605-B Oleander Drive, Suite 202
Address

Myrtle Beach, South Carolina, 29577-5739

843-839-2100
Telephone Number

1350



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**INITIAL ANNUAL
REPORT OF CORPORATIONS**

CL-1
(Rev. 9/7/10)
3134

Office Use Only

▶ File Number _____ ▶ ENDING PERIOD _____ SID Number _____
Month _____ Year _____

Date "Application for Charter" filed with Secretary of State MAR 01 2011 For Secretary of State Use Only

Date of "Request for authority to do business in this state" (Foreign Corp.) _____

FEIN Applied For Business Code _____

☒ Check if subchapter S election

(Office Use Only)

NAME OF CORPORATION

Excel Moving & Storage of Charleston, Inc.

Telephone #

919-873-9235

PHYSICAL ADDRESS OF HEADQUARTERS (NUMBER AND STREET)

7143 Bryhawke Circle

MAILING ADDRESS FOR TAX CORRESPONDENCE

2612 Discovery Dr.

CITY AND STATE

ZIP

COUNTY

North Charleston SC 29418

Charleston

CITY AND STATE

ZIP

Raleigh NC 27616

1. State of incorporation: S.C.

2. Indicate month corporation closes its books:

3. Nature of principal business in SC: Moving & Storage

4. Location of registered office of the corporation in the state of SC is in the city of Myrtle Beach
Registered agent at such address is Robert Guyton

5. Location of principal office in SC (street, city, zip and county): 7143 Bryhawke Circle Charleston SC 29418

6. Date business commenced in SC:

Effective Date of Incorporation:

7. If a professional corporation, are all shareholders, one-half of the directors (or individuals functioning as directors) and all officers (other than the secretary and treasurer) qualified to practice the professional services engaged in by the corporation? N/A

8. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation are:

Jody Hatley - President

Name/Title

2612 Discovery Drive Raleigh NC 27616

Business Address and Office

9. The total number of **authorized shares** of capital stock itemized by class and series, if any, within each class as follows:

Number of Shares 100

Class

Series N/A

10. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:

Number of Shares

Class

Series

1. Fee due with this report	▶ 1. <u>25</u> <u>00</u>
2. Interest due	▶ 2. _____
3. Penalty due	▶ 3. _____
4. Total - Due	▶ 4. _____

See instructions for payment and mailing.

AFFIDAVIT

I, the undersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, including accompanying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and complete return made in good faith.

THIS RETURN PREPARED BY

SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN

DATE

TITLE

31341027

ATTACH REMITTANCE HERE

2741
Char
Cour